

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>  |                   | Docket Number<br>690113.401USPC      |               |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
|--|-------------------|--------------------------------------|---------------|-------------------|--------------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|---------------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 10/573,665  |                   | Int'l Filing Date<br>October 7, 2004 |               |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
| For GRIPPING DEVICE AND METHOD   |                   |                                      |               |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
| Art Unit   | Examiner          |                                      |               |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 15%; text-align: center;"><u><b>Fee</b></u></th> <th style="width: 15%; text-align: center;"><u><b>Small Entity Fee</b></u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ <u>510</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>31,800</u></p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34. _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <p>_____<br/>/E. Russell Tarleton/</p> <p>_____<br/>E. Russell Tarleton</p> <p>_____<br/>Typed or printed name</p> </div> <div style="width: 45%; text-align: center;"> <p>_____<br/>July 3, 2007</p> <p>_____<br/>Date</p> <p>_____<br/>206-622-4900</p> <p>_____<br/>Telephone Number</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</small></p> |                   |                                      |               | <u><b>Fee</b></u> | <u><b>Small Entity Fee</b></u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ <u>510</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|  | <u><b>Fee</b></u> | <u><b>Small Entity Fee</b></u>       |               |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120             | \$60                                 | \$ _____      |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450             | \$225                                | \$ _____      |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020            | \$510                                | \$ <u>510</u> |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590            | \$795                                | \$ _____      |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160            | \$1080                               | \$ _____      |                   |                                |  |  |       |      |          |   |       |       |          |  |        |       |               |  |        |       |          |  |        |        |          |